

HERCULANEUM POLICE DEPARTMENT
LIABILITY RELEASE

I, _____, residing at _____, in consideration of being granted the opportunity to ride in a vehicle and accompany an officer for the purpose of observing and becoming familiar with the operations of a police officer in the actual performance of his/her duties, do hereby release and discharge the Herculaneum Police Department on my behalf and on behalf of my heirs, successors, assigns, executors and personal representatives, and any other person making a claim on my behalf, now and forever, for all loss or damage, in any claim or demands made on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in an automobile or other vehicle of the Herculaneum Police Department for the above-mentioned purposes so long as the officer is officially discharging his duties. I hereby release the City of Herculaneum, The Police Department, including any and all officers of the City of Herculaneum, the Alderperson, Mayor, City Administrator, City Attorneys/Special Counsel, and any and all other person in any way connected with the City of Herculaneum by appointment, election or otherwise.

I further assume all risk of death, injury, loss or damage to my person or property, whether due from negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Herculaneum Police Department, their officers or employees, nor any of the other entities or persons set forth above, with respect to any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Herculaneum and the City of Herculaneum's Police Department and all of their officers and employees on account of any department, expense, claim, obligation or any sum of money by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a City of Herculaneum Police Department automobile or other vehicle or in the company of a Herculaneum Police Officer while said officer is officially discharging his or her duties.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the City of Herculaneum cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, police department staff and persons who I may come into contact with while accompanying a police officer.

I voluntarily seek to ride in a vehicle and accompany an officer and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all procedures set by the City to reduce the spread during this opportunity.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand that during a pandemic I will wear a mask at all times while in the patrol vehicle, or where social distancing cannot be maintained, or whenever directed by the officer in charge. I also understand that due to the duties of police work I am at risk for exposure of Covid-19 and am not able to hold the City of Herculaneum or any of its representatives responsible for any possible illness.

Signature of Applicant

Date

Applicant Phone Number

Witness Signature (if under 21, Parent or Guardian must sign)

Witness Printed Name

Signature of Duty Officer

Date

Approved?

Signature of Chief of Police or his Designee

Date

Yes No